

# Premarital Health Examination Legislation

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*Analysis and Compilation  
of State Laws*

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
Public Health Service  
Bureau of State Services • Division of Special Health Services  
Venereal Disease Program

This publication includes a compilation of the laws now in effect in the 40 States and 2 Territories of the United States requiring blood tests and physical examinations for venereal disease. These laws are reproduced from the various legal reference sources of the States and Territories. Citations to these sources are given for each law.

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*J. K. Shafer, M. D.*

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\*Arizona, District of Columbia, Maryland, Minnesota, Mississippi, Nevada, New Mexico, South Carolina, Washington, Puerto Rico, and the Virgin Islands did not have premarital laws requiring blood tests and physical examinations for venereal disease at the time this publication went to press.



# Approval and Effective Dates\* of Premarital Laws

State	Date approved	Date effective
Alabama.....	July 11, 1947	Jan. 2, 1948
Arkansas.....	Feb. 23, 1953	July 1, 1953
California.....	June 5, 1939	Sept. 19, 1939
Colorado.....	Apr. 10, 1939	Oct. 10, 1939
Connecticut.....	May 23, 1935	Jan. 1, 1936
Delaware.....	Apr. 18, 1947	July 1, 1947
Florida.....	May 28, 1945	Oct. 1, 1945
Georgia.....	Feb. 25, 1949	Aug. 25, 1949
Idaho.....	Feb. 11, 1943	Apr. 29, 1943
Illinois.....	June 23, 1937	July 1, 1937
Indiana.....	Mar. 9, 1939	Mar. 1, 1940
Iowa.....	Apr. 5, 1941	Apr. 9, 1941
Kansas.....	Apr. 9, 1947	July 1, 1947
Kentucky.....	Feb. 28, 1940	Jan. 1, 1941
Louisiana.....	July 7, 1954	July 28, 1954
Maine.....	Apr. 10, 1941	July 25, 1941
Massachusetts.....	June 12, 1943	June 12, 1943
Michigan.....	July 20, 1937	Oct. 28, 1937
Missouri.....	Apr. 13, 1943	Jan. 1, 1944
Montana.....	Mar. 6, 1947	July 1, 1947
Nebraska.....	Mar. 27, 1943	Aug. 29, 1943
New Hampshire.....	Aug. 12, 1937	Oct. 1, 1938
New Jersey.....	May 3, 1938	July 1, 1938
New York.....	Apr. 12, 1938	July 1, 1938
North Carolina.....	Apr. 3, 1939	Apr. 3, 1939
North Dakota.....	Mar. 13, 1939	July 1, 1939
Ohio.....	May 16, 1941	Aug. 17, 1941
Oklahoma.....	Feb. 7, 1945	July 25, 1945
Oregon.....	Mar. 12, 1937	Dec. 1, 1938
Pennsylvania.....	May 17, 1939	May 17, 1940
Rhode Island.....	Mar. 29, 1938	Apr. 28, 1938
South Dakota.....	Mar. 10, 1939	July 1, 1939
Tennessee.....	Mar. 10, 1939	July 1, 1941
Texas.....	July 8, 1949	Oct. 4, 1949
Utah.....	Feb. 28, 1941	July 1, 1941
Vermont.....	Apr. 10, 1941	July 31, 1941
Virginia.....	Feb. 28, 1940	Aug. 1, 1940
West Virginia.....	Feb. 25, 1939	May 26, 1939
Wisconsin.....	June 29, 1937	July 31, 1937
Wyoming.....	Feb. 1, 1943	May 21, 1943
Territory		
Alaska.....	Mar. 19, 1949	June 17, 1949
Hawaii.....	May 11, 1945	July 1, 1945

\*Dates given are those when either new premarital examination laws were passed or existing laws were amended for better operation.



# Premarital Health Examination Legislation

## *History and Analysis*

J. K. Shafer, M. D.<sup>1</sup>

Upon analysis, the principal purpose of the provisions of various statutes requiring premarital physical examinations appears to be the prevention of transmission of syphilis to either party to a marriage and to the prospective progeny of the union. Premarital physical examination is an effective means of discovering whether either party is infected with syphilis and thus protects the innocent partner from acquiring an infection in marriage. Also, as a consequence of discovering an existing venereal infection, other persons may be discovered and treated, persons who otherwise might remain undiscovered.

Premarital laws are meant not to prevent marriages but only to postpone marriages until such time as the infected parties have had adequate treatment or have passed the communicable stage of syphilis.

### History

As early as 1913, many States had passed laws regarding premarital physical examination. While these differed from State to State, none of them was particularly effective. A medical certificate of freedom from venereal disease on the part of the male applicant was all that was required to secure a marriage license in Alabama, North Dakota, Oregon, and Wisconsin. In New York and Pennsylvania, both applicants were required to state under oath that they were free from venereal disease and tuberculosis. Indiana, Michigan, New Jersey, Oklahoma, and Vermont had regulations making it a misdemeanor for a person having a venereal disease to marry, but there were no adequate enforcement measures nor any penalties for noncompliance. The Utah law provided that a marriage between persons afflicted with a venereal disease was void. The Virginia law provided that if the woman was under 45 years of age, the man must swear that he was free from any

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contagious venereal disease and he also must make an affidavit that he believed the woman named in the license to marry was free from such disease.

Early in 1918, there was renewed interest in legislation for protection of family life. This interest centered around providing uniform marriage laws and physical examinations for both parties to the marriage. By 1925, a great number of States had adopted general legislation intended to safeguard marriage partners from venereal disease. After 1925, however, the campaign against venereal disease slowed down. There was little enforcement of the laws, and practically no new legislation was introduced in the States.

### *Premarital Examination Law*

In 1935, when Connecticut passed what was known as the "premarital examination law," a real pattern was set for this type of legislation in the United States. The early statutes merely had required a personal affidavit of good health from the applicants for a marriage license, but this law required, among other provisions, that a blood test for syphilis and physical examination of both applicants be made. However, it was not until 1936 under the leadership of Surgeon General Thomas Parran of the Public Health Service that a nationwide drive was relaunched. The campaign against venereal disease gained support through State and local measures to combat the disease and through clinics and public health services.

It was this vigorous attack that indirectly influenced the enactment of new premarital health examination laws. There was greater public recognition of the dangers of venereal disease to the public health and to the national welfare. There was recognition of the need to provide health checks at strategic points in life, such as at the time of marriage. Compulsory reporting of venereal disease and provision for treatment of infected persons may have helped change public feeling about concealment of the presence of a venereal infection. Certain principles of eugenics sponsored by the national office of the American Eugenics Society gained wider acceptance. Those principles stressed the importance of health examination and waiting periods between applications for and issuance of marriage licenses. They advocated restrictions on marriages of the unfit and ways to improve the physical and mental qualities of the population of the United States. In 1937, 5 States passed acceptable legislation, and by 1939, 12 additional States had enacted premarital examination laws.

The proposed and enacted legislation (1) which required compulsory health examination to exclude venereal disease in applicants for marriage aroused heated opposition. The physicians themselves were the main opponents. They pointed out that it required too much



reliance on blood tests. They challenged the reliability of any particular test or combination of tests and suggested that healthy people might be penalized. There was much talk about the threat to the liberty of the individual and the professional secrecy of the physician from improper legislation. Public health authorities argued that the discovery and treatment of one case of unsuspected syphilis is a gain to society and that theoretical objections concerning the validity of the blood test should be disregarded.

### *An Informed Citizenry*

Problems confronting various States attempting to enlist public support for passage of premarital examination laws were recognized. The fact that the first sound premarital legislation (Connecticut, 1935) was so long in coming suggested that much work in public education was necessary and a program to inform the citizens of the various States would require cooperation on all sides.

In the fall of 1941, a plan was worked out to stimulate public interest. The Division of Venereal Disease of the Public Health Service requested the health officers in 33 States where premarital laws were in effect to describe their methods for organizing public sentiment toward sound premarital legislation.

How were the provisions of the act first publicized? How was the information kept before the public? How were the courts, marriage authorities, and the physicians informed about the proposed act? What educational media were employed? Health officers in various States were asked these specific questions in the hope that the answers to them might serve as a guide to those States in which premarital legislation was being considered. Twenty-eight States responded, sending copies of their premarital examination laws and samples of their education material.

Twenty of the States reported they relied upon newspapers as the major medium for publicizing the provisions of the legislation. Some States faced an indifferent and sometimes critical press, but personal calls upon the editors of the newspapers by sponsoring clubwomen usually brought support for the legislation. Eight States sent letters, pamphlets, and leaflets to all the physicians in the State, and enlisted the cooperation of State or county medical journals. Civic groups and other nonprofessional organizations cooperated in six States and carried on the educational and informational campaign for the health departments. Five States set up a program of lectures for nonprofessional audiences on the public health value of premarital examination laws. One State organized its publicity through women's clubs; their members throughout the State made personal calls on the officers of the courts, marriage clerks, private physicians, ministers, and school

superintendents. These women explained to these groups the provisions of the law and the benefits that arise through such health examinations to the parties being married as well as to society itself. Five States supplied literature to the county health offices and to the clerk of the court's office for distribution to all marriage applicants. All information received by the Division of Venereal Disease of the Public Health Service was then made available through a report to the various States contemplating either premarital legislation or a revision of their old laws.

Once premarital legislation has become law, the continuing effectiveness of the law's operation depends upon an informed citizenry. Newspaper releases, public lectures, motion pictures, and other educational media may be utilized.

### Results of Legislation

Of the 631,206 blood tests made from 1936 to 1941 in 13 States (2), 8,665 (1.4 percent) were found to be positive for syphilis. Many who had a positive reaction to the blood test were interviewed, and the greater proportion of those interviewed who had syphilis stated that they had been unaware of the infection prior to getting a blood test. In New Jersey (3), of 20,202 tests performed in the State health department laboratory during a 9-month period in 1936, 226 persons had positive premarital blood tests. A questionnaire was mailed by the health department to the physicians who had sent in the blood samples. Of the 100 physicians, and replies were returned for 206 of this group. Of these individuals, 93 were granted marriage certificates because, according to the physicians' opinion, the disease was not in a communicable stage; and 113 were refused certificates to marry. The reports indicated that 113 (55 percent) were still under treatment 6 months after the tests; 34 (16.5 percent) were not under treatment; and 59 (29 percent) had disappeared (so far as the physician was concerned). Many of the physicians reporting on the last group suggested that followup machinery be put into motion to locate these persons under treatment.

During the first 6 months the legislation requiring a premarital blood examination was in operation in West Virginia, in 1939, positive blood tests were found in 4.2 percent of 1,600 persons examined; and after 12 months, this percentage dropped to 2.4. However, as the implications of positive blood tests became known, the number of positive reactions dropped suddenly, and it was believed that the people suspecting that they might have a positive serologic reaction to syphilis were avoiding examination and avoiding the statute requiring examination.

In Connecticut (4), the marriage rates for the 2 years preceding the enactment of the law (1935) were 7.1 per 1,000 population. For the next 3 years, 1935, 1936, and 1937, the rates dropped to 6.8, 5.9, and 6.4, respectively.

Illinois passed a premarital health examination law in June 1937. The number of marriage licenses issued in the State, excluding Cook County, dropped from 54,545 in 1936 to 46,068 in 1939, a decrease of 15.5 percent. In Cook County (5), the number issued dropped from 43,775 in 1936 to 35,111 in 1939, a decrease of 19.8 percent.

In upstate New York (New York State exclusive of New York City), marriages of State residents increased in 1939 over 1938, the year the law became effective, but the number of nonresident marriages decreased.

In Rhode Island, there were 6,753 marriages in 1937, 4,916 marriages in 1938, the year the law became effective, and 5,501 in 1939.

Opponents of premarital examination legislation pointed to the ineffectiveness of the statutes. They said that evidence showed that those persons suspecting the presence of syphilis simply avoided the examination; enactment of the law merely had resulted in evasion of its provisions and also had caused a decline in the number of marriages. Public health authorities agreed that there apparently was some evasion of the law but that the marriage rate had suffered no actual decline attributable primarily to the enactment of premarital health legislation (3).

The passage and amendment of premarital laws at different times in various States and originating in separate legislatures resulted in a diversity of legal and administrative detail (6). Although these laws were quite simple in operation for residents of the particular State, certain stipulations of some laws caused difficulty for out-of-State residents, for example, the lack of reciprocity in accepting examination certificates signed by out-of-State physicians and in accepting results of laboratory tests performed in other States. These points and others aroused considerable discussion, and remedial action was taken by some public health officials.

On March 23, 1949, the venereal disease control officers of New York and the New England States agreed on the essentials of a premarital examination and on an acceptable medical certificate form for use in intrastate and interstate marriages (7). Following this, the Massachusetts law was amended in 1950 so that this State now could accept medical certificates, when properly executed, from 34 States, 2 Territories, and New York City. Today, 27 of the 40 States having premarital examination laws will accept the reports of out-of-State physicians; 37 will accept results of out-of-State laboratories.

## Scope of Law

At the present time, 40 States and the Territories of Hawaii and Alaska have premarital health examination laws. The majority of these laws require that both the prospective bride and groom have a physical examination, including a blood test for syphilis, prior to issuance of a marriage license. Louisiana's\* law requires that only the man have a physical examination; a blood test is given at the discretion of the physician. Arizona, Maryland, Minnesota, Mississippi, Nevada, New Mexico, South Carolina, Washington, the District of Columbia, Puerto Rico, and the Virgin Islands do not have laws which require premarital health examination.

## Cost of Medical Examination

The cost of making laboratory tests and conducting physical examinations must be borne either by the individual applicants or by the public health authorities. The examination and taking of blood specimens require skill and training. Many States feel a reasonable charge for such service is fair practice. Medical societies in conjunction with health departments have worked out standard fees to be charged in most county and urban areas. The Oregon law limits the charge to \$10 for each couple. This fee covers examinations and the necessary certificate. Illinois makes no charge for blood tests done in the State laboratory and specifically limits the charge of any physician making the physical examination and issuing the necessary certificate to \$5 a person. In North Dakota, the fee must not exceed \$0.50, and in Wisconsin it is \$2.

Persons who cannot afford to consult a private physician usually can have the physical examination performed in a local health department. Most State premarital examination laws provide for free laboratory tests upon request of the examining physician.

## Penalties for Falsification

Most of the statutes requiring a premarital physical examination for syphilis for both parties to the marriage provide penalties for a physician or laboratory technician who falsifies a health report. In some States (4), the parties of the marriage may be penalized for failure to comply with the law. Rhode Island (8) enacted a statute providing that residents who marry outside the State and in a State where no health examination is necessary must undergo a blood test after their

\*Since this paper was published, the premarital law in Louisiana has been amended whereby the issuance of marriage licenses is prohibited unless both male and female applicants present medical certificates showing them free from all venereal diseases.

return to Rhode Island. North Carolina and Wisconsin have the same provision. Such laws may deter evasion, but the obvious difficulties of enforcement make doubtful its practicability. All States that have enacted a premarital law have provided a measure of flexibility to the imposition of the requirement that a license shall not be used without a medical certificate. In the interest of legitimization of issue when a woman is pregnant, a license may be issued in such States without medical examination at the discretion of an appropriate court officer or designated authority. In general, penalties vary from State to State, but the penalty usually is a fine not exceeding \$1,000.

### ***Problems in Administration***

One of the problems in the administration of the law is that of identification of applicants. In some instances, an individual fearing he has syphilis in a communicable state will send a friend to take the premarital examination under the applicant's name. One method of checking this practice is to require the applicants to sign the examination form in the presence of the examining physician. Comparison of these signatures with the signatures on the marriage application should reveal any attempt at fraud.

Formerly, common law marriages constituted a threat to the premarital health examination laws. These marriages offered an easy way of avoiding the law. Now, 30 States have passed legislation declaring that future common law marriages will be invalid. Many States have legislation, however, declaring all common law marriages performed in their jurisdiction, past and future, are invalid. Others recognize common law marriage performed before a specified date or those performed between specified dates. Eighteen States (Alabama, Colorado, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Michigan, Mississippi, Montana, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, and Texas) and the District of Columbia recognize common law marriages as valid. In these States, with the exception of Pennsylvania, neither a license nor a public record for common law marriage is required for such marriages.

Pennsylvania amended its marriage law in 1939 to include a provision affecting common law marriage. This provision requires that any person seeking to be married under common law first must obtain a marriage license and must furnish a certificate showing freedom from syphilis. The law, however, does not require registration of common law marriages and does not make invalid a common law marriage without a license.

All American jurisdictions now have marriage license laws. However, a license is generally not essential to validity of marriage since the great majority of courts construe license statutes as being directory

and not mandatory. A few States allow banns to be published as a substitute for a license (9).

In addition to providing for the solemnization of marriage in the usual way by a civil or religious officiating officer, a large majority of jurisdictions expressly sanction the celebration of marriage in accordance with customs of particular religious sects or societies. The necessity for special provisions in favor of sects such as the Quakers, for example, arises from the fact that their ceremonies may not call for the intervention of a solemnizing officer; hence, the customary general statute which authorized certain officers to solemnize marriage would not include these ceremonies. Some religious societies are not recognized as "denominations" and, unless by specific statutes they are brought within the scope of the law authorizing the solemnization of marriage either by them or their officers, their legal authority to do so would be dubious, to say the least (10). Marriage of tribal Indians in their tribe, valid according to the law of the tribe, will be recognized as valid (11). Indiana excepts the Old Amish Mennonite Church, German Baptists, and Friends Church from the law and permits marriage according to the rules of their societies.

In States where there is no specific exception, and a premarital health examination law exists, certain religious sects are married under the common law procedures. So-called common law marriage jurisdiction presents a special situation since marriage with or without a ceremony, license, or a solemnizing official is recognized. Therefore the courts find it "simpler to validate a marriage not complying with statutory formalities, present mutual consent to become man and wife only being necessary" (12).

Since neither license to marry nor registration of marriage is required in 17 States under common law provisions, it is difficult to know just how many of these marriages exist in States permitting this type of marriage and whether the lack of premarital health examination would affect the incidence of congenital syphilis. With the outlawing of common law marriages in most States, evasion through that method now is practically eliminated.

Another method of evasion was a trip by the couple to a State lacking a premarital examination statute. With more and more States passing premarital health examination laws, it now appears that avoidance is becoming more difficult than in the past.

Proposed marriage plans often are upset when applicants wait until too short a time before marriage for the examination, and the blood specimen for either of the parties is positive (3). Lack of time to make adjustments creates a distressing problem which may be avoided by having a preliminary test well in advance of the contemplated marriage. A growing custom among young people is that of having

blood tests taken weeks in advance of the wedding. If the test report is positive, plans can be postponed. If the tests are negative, new tests are then made within the statutory limit.

### ***Constitutionality of Law***

A State is fully sovereign with respect to the control and regulation of marriages for the purpose of promoting public morality and moral and physical development of the individuals, and every State has the power to determine who shall assume or occupy the matrimonial relationship within its border (13). The court case of *Peterson v. Widule*, in 1914, involved the premarital test for venereal disease. It was alleged that the statute was "arbitrary, unreasonable discriminatory classification, in that it applied to male applicants only." The court held that "it is within the police power to prohibit a marriage until the fact of the absence of venereal disease in the male is ascertained." The court further held that "society has a right to protect itself from extinction and its members from a fate worse than death" (14). Marriages violative of public policy usually are held void in the State of domicile. So far, the courts have not seen fit to declare void marriages contracted within a State where compliance with premarital health examination laws has been avoided. The courts hold that avoidance of premarital examination does not invalidate an otherwise valid marriage. In the absence of a stronger declaration of policy, the court will not depart from the established rule that a marriage valid where celebrated is valid everywhere (15).

### ***Premarital Counseling***

In 1945, the premarital women's clinic in Los Angeles (16) decided to add premarital counseling to premarital physical examinations. From 217 patients selected because of youth, anxiety about their forthcoming marriage, or upon personal request, the counseling service tried to determine the type of information desired. Counseling varied according to the type of questions most frequently asked. In the 4 years the study was in operation, the clinic furnished essential information and cleared up many misconceptions concerning health and marriage. It was generally agreed that premarital counseling was an excellent public health adjunct to the premarital physical examination.

The progress made in venereal disease control is one of the important developments of modern times. The venereal disease control program is constructive and remedial and seeks to strengthen and preserve the healthy family as a social unit. In order to control venereal disease,

it is essential that people be informed about these diseases. There are three aspects to the premarital health examination law: education, case finding, and an evaluation of a venereal disease control program.

The premarital health examination law augments other legislation pertaining to venereal disease control. Proper legislation and enforcement of laws are necessary to maintain a smoothly functioning control program. Regulatory laws are necessary to insure reporting, adequate treatment, quarantine, and followup of persons with venereal disease.

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- (12) *Lejkoff v. Siero*, 189 Ga. 554; 133, A. L. R. 738 (1939).
- (13) *Tolar v. Oakwood Smokeless Coal Corp.*, 173 Va. 425; 127 A. L. R. 430.
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# Premarital Laws in Effect in the United States and Territories

## ALABAMA

*5 Ala. Code 1940 (Cum. Pocket Part)*

*Title 22, secs. 95 to 96*

§ 95. (1156) Examination of applicants for marriage licenses.— Except as herein provided, each applicant for a marriage license shall file with the judge of probate a certificate from a legally licensed physician setting forth that the applicant has been examined for venereal disease and that in the opinion of the examining physician the person is either not infected with syphilis or, if infected with syphilis, it is not in a stage of that disease which is communicable. Such examination on the part of the physician shall include a physical examination and an approved laboratory test for syphilis.

The above mentioned certificate shall be accompanied by a statement from the person in charge of the laboratory making the required tests, or from some other person authorized to make such reports. A separate form shall be used to show the results of the test and shall be transmitted by the laboratory to the physician.

The above mentioned certificate of the examining physician and the statement of the person authorized to make reports for the laboratory shall be on a form approved, provided, and distributed by the Alabama state board of health or on any similar form which may be used by any physician or laboratory authorized by this title to perform such examinations and laboratory tests.

The laboratory tests required by this section shall be performed by approved methods either in a laboratory of the Alabama state board of health, a laboratory approved by the Alabama state board of health, a laboratory operated or approved by the board of health, or similar department, of another state within which such laboratory is situated, or a laboratory operated or approved by an agency of the federal government. Such laboratory tests must be made within thirty (30) days prior to the issuance of the marriage license.

Before the judge of probate issues any marriage license he shall attach thereto the certificate relating to each applicant. No minister or other person authorized to perform marriage ceremonies in Alabama shall perform a ceremony unless the certificate as to each contracting party is attached to the marriage license, which certificate shall remain attached thereto.

## Alabama

If on the joint application of both parties to a proposed marriage the judge of probate is satisfied that an emergency exists, or is satisfied that the parties have previously married each other and have continuously lived together as husband and wife since such marriage but must remarry to cure some defect in the previous marriage, he may waive the requirements of this section and issue a license, provided all other requirements of the marriage laws have been complied with.

If certificates have been refused because one or both of the applicants have been found to be infected with syphilis and if the judge of probate is satisfied that an emergency exists, he may, on joint application by both parties to the proposed marriage, issue a license, provided all other requirements of the marriage laws have been complied with.

An emergency shall be defined as: (a) Any female applicant for a license to marry who makes an affidavit, which shall be supported by medical testimony, to the effect that she is pregnant; (b) impending death in either of the contracting parties; (c) such other causes as may be defined from time to time by the state board of health. [1919, p. 169; 1947, p. 28, § 1, effective Jan. 2, 1948; 1949, p. 197, effective June 28, 1949.]

§ 96. (1157) Who may examine.—Examiners shall be physicians duly licensed to practice medicine in Alabama or in the state in which they reside. Upon the request of each applicant the health officer of any county of this state shall make the necessary examinations and issue such certificate, if the same can be properly issued, without charge to the applicants. [Ib.; 1947, p. 29, § 2, effective Jan. 2, 1948.]

## ARKANSAS

*5 Ark. Stat. Ann. 1947 (Cum. Pocket Supp.)*  
*Secs. 55-238 to 55-246*

55-238. Physical examination required.—Before any person who is authorized to issue marriage licenses shall issue any such license he shall require each applicant therefor to file with him a certificate from a licensed physician stating that the applicant has undergone such physical examination, including a standard serological test, as may be necessary for the discovery of syphilis, made not more than 30 days prior to the date of issuance of the marriage license, and that, in the opinion of the physician, the person either is not infected with syphilis, or, if so infected, the disease is not in a stage which is or may become communicable to the marital partner. [Acts 1953, No. 120, 2, p. 412.]

55-239. Certificate from licensed physician.—This certificate shall be accompanied by a statement from the person in charge of the laboratory making the test, or from some other person, authorized to make such reports, setting forth the name of the test, the date it was made, the name and address of the physician to whom the report was sent and the name and address of the person whose blood was tested. [Acts 1953, No. 120, § 3, p. 412.]

55-240. "Standard serological test" defined.—For the purpose of this act [§§ 55-237—55-246] a standard serological test is a test for syphilis approved by the Arkansas State Board of Health and an approved laboratory is either the laboratory of the Arkansas State Board of Health or a laboratory approved by the Arkansas State Board of Health. [Acts 1953, No. 120, § 4, p. 412.]

55-241. "Medical certificate" defined.—Except as hereinafter provided, the certificate of the physician and the statement from a person in charge of a laboratory or from a person authorized to make reports for the laboratory shall be on a combined form to be provided and distributed by the Arkansas State Board of Health to laboratories in the State approved by the Arkansas State Board of Health. This form is hereinafter called "The Medical Certificate." [Acts 1953, No. 120, § 5, p. 412.]

55-242. Laboratory pre-marital examination report.—The Arkansas State Board of Health shall issue a "Laboratory Pre-marital Examination Report" form to be distributed upon application to all laboratories approved to perform tests provided for in this act [§§ 55-237—55-246]. Any laboratory making such tests shall prepare this report in triplicate. The original of this report shall be transmitted by the laboratory making such tests together with the Medical Certificate to the certifying physician. The duplicate reports shall be forwarded at weekly intervals to the Arkansas State Board of Health. The triplicate shall be retained in the files of the laboratory for five [5] years and shall be subject to inspection during that time by any authorized representative of the Arkansas State Board of Health. [Acts 1953, No. 120, § 6, p. 412.]

55-243. Waiver of requirements by chancery court—Procedure.—The Judge of the Chancery Court of the county in which the license is to be issued is empowered, on joint application of the parties applying for a marriage license, to waive the requirements of medical examinations, laboratory tests, and medical certificates and to order the licensing authority to issue the license applied for, if all other